



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **PARKVIEW WABASH HOSPITAL**

City of Hospital: Wabash

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

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Medicare Provider Number: 15-1310

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$13875157	Contractual Allowance	\$78850521
Outpatient Patient Service Revenue	\$105956824	Other Deductions	\$0
Total Gross Patient Service Revenue	\$119831981	Total Deductions	\$78850521

3. Total Operating Revenue	
Net Patient Service Revenue	\$40981460
Other Operating Revenue	\$1006462
Total Operating Revenue	\$41987922

4. Operating Expenses			
Salaries and Wages	\$11463738	Employee Benefits	\$3352597
Depreciation and Amortization	\$6277264	Interest Expense	\$320734

Bad Debt	\$18648	Other Expenses	\$28757217
Total Operating Expenses	\$50190198		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-8202908	Total Assets	\$12500863
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12500863
Total Net Gains	\$-8202908		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$64185775	\$43776766	\$20409009
Medicaid	\$18695172	\$15437071	\$3258101
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36951034	\$19636684	\$17314350
Total	\$119831981	\$78850521	\$40981460

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$45593	\$-45593

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$64034	\$-64034

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$16301
Number of Citizens Exposed to Health Education Messages	\$16301

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1037946	
HCI Payments	\$0		
Subtotal	\$0	\$1037946	\$-1037946
Medicaid Shortfalls	\$2926114	\$5481130	
Subtotal	\$2926114	\$6519076	\$-3592962
DSH Payments	\$0		
Subtotal	\$2926114	\$6519076	\$-3592962
Medicare Shortfalls	\$19466007	\$18745397	
Other Government Programs	\$0	\$0	
Total	\$22392121	\$25264473	\$-2872352

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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